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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	08/573,569-Conf. #5671
	Filing Date	December 14, 1995
	First Named Inventor	Hunein Maassab
	Art Unit	1648
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	30275/30016

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 04743

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number:

04743

OR

☐ Firm or Individual Name

Address

City

Country

State

Zip

Telephone

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest.

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Ruth L. Rasor

Date

27 August 2008

Telephone

334 615 8433

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

☐

*Total of 1 forms are submitted.